Every Woman Matters

NEBRASKA OFFICE OF WOMEN'S HEALTH

Treatment Funds Request Form

The following documents are required to request financial assistance:

- Treatment Funds Request Form
- Breast or Cervical Follow Up and Treatment Plan
- Pathology Report

For more information see page 8-1 of Provider Manual

EWM Phone: 1-800-532-2227
EWM Fax: 402-471-0913

		EWM Use Only
Treatment Fund Request Form completed by provider on	Date ___/___/____	☐ Yes/received
Breast/Cervical Follow Up and Treatment Plan completed by provider on	Date ___/___/____	☐ Yes/received
Pathology report sent on	Date ___/___/____	☐ Yes/received

CLIENT INFORMATION

Client Name: _____
Client Address: _____
_____
City/State: _____
Zip: _____
Is the client a U.S. Citizen? ☐ Yes ☐ No

Date of Birth: _____/_____/_____
Home Phone: (_____)_____
Work Phone: (_____)_____
Primary Language:
☐ English ☐ Spanish
☐ Vietnamese ☐ Other _____

Eligibility:
Medicare: ☐ Yes ☐ No
Medicaid: ☐ Yes ☐ No
Private Insurance: ☐ Yes ☐ No

If yes, list name of insurance company:
_____

Diagnostic Test: _____
Diagnostic Test Date: _____/_____/_____
Result: ☐ CIN I ☐CIN II
☐ CIN III ☐ Cancer in situ (breast or cervical)
☐ Invasive cancer (breast or cervical)
Treatment: _____
Scheduled Date: _____/_____/_____
Performed Date: _____/_____/_____

All providers with a fax number listed will be notified by fax of client's EWM certification date for Nebraska Medicaid

SURGEON/Clinic: _____ Contact Person: _____	Phone: (___)_____ Fax: (___)_____
HOSPITAL: _____ Contact Person: _____	Phone: (___)_____ Fax: (___)_____
PATHOLOGY: _____ Contact Person: _____	Phone: (___)_____ Fax: (___)_____
ANESTHESIOLOGY: _____ Contact Person: _____	Phone: (___)_____ Fax: (___)_____
Referred By/Clinic: _____ Contact person: _____	Phone: (____)_____ Fax: (____)_____

Attach claim(s) to this form and submit to the EWM Foundation Case Management Coordinator for clients not eligible for Medicaid. Providers have 60 days to submit claims to the EWM Foundation for Payment.

See reverse of this form for Points of Importance

Points of Importance

- The Treatment Funds Request Form must be completed, for all clients accessing Nebraska Medicaid or the Every Woman Matters Foundation, in order to receive treatment funds. Every Woman Matters (EWM) staff begins the process to evaluate the client for treatment funding options when the Treatment Funds Request Form is received.

- Clients must complete and submit the Breast and Cervical Cancer Medicaid Supplement Form initiated by EWM staff.

- EWM Case Managers may work with providers and clients to complete the required forms as needed.

- Clients receiving Medicaid for cervical dysplasia are eligible for Medicaid for 90 days.

- Clients treated for cervical dysplasia most likely will not receive a Medicaid **card.**

- Clients receiving Medicaid for breast cancer or invasive cervical cancer are eligible for Medicaid for one year.

- Nebraska Medicaid issues Medicaid numbers. Every Woman Matters does not issue them.

- To retrieve or verify a client's Medicaid number call **(800) 685-5456**.

- Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment funds within three days of receipt of application, along with a copy of clients Rights and Responsibilities.

- Clients ineligible for Nebraska Medicaid will be reviewed for eligibility for other treatment dollars.

- Every Woman Matters Foundation funds are limited to $750.00 per client, per diagnosis, per lifetime, as long as funds are available